

## LSU Health Care Services Division

### Department Description

The LSU Health Sciences Center, Health Care Services Division consist of the following:

- Executive Administration and General Support
- Earl K. Long Medical Center
- Huey P. Long Pineville (an inpatient facility) and England Airpark Medical Center (an outpatient facility)
- University Medical Center
- W. O. Moss Regional Medical Center
- Lallie Kemp Regional Medical Center
- Washington-St. Tammany Regional Medical Center
- Leonard J. Chabert Medical Center
- Medical Center of Louisiana at New Orleans and University Hospital

### LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 30,260,258	\$ 68,121,034	\$ 68,121,034	\$ 76,705,337	\$ 65,647,765	\$ (2,473,269)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	3,373,526	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
<b>Total Means of Financing</b>	<b>\$ 33,633,784</b>	<b>\$ 68,121,034</b>	<b>\$ 68,121,034</b>	<b>\$ 76,705,337</b>	<b>\$ 65,647,765</b>	<b>\$ (2,473,269)</b>
<b>Expenditures &amp; Request:</b>						
LA Health Care Services Division	\$ 33,633,784	\$ 68,121,034	\$ 68,121,034	\$ 76,705,337	\$ 65,647,765	\$ (2,473,269)
<b>Total Expenditures &amp; Request</b>	<b>\$ 33,633,784</b>	<b>\$ 68,121,034</b>	<b>\$ 68,121,034</b>	<b>\$ 76,705,337</b>	<b>\$ 65,647,765</b>	<b>\$ (2,473,269)</b>



---

## LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	0	0	0	0	0	0



## 19E-610 — LA Health Care Services Division



### Agency Description

The mission of the LSU Health Sciences Center, Health Care Services Division is:

- To provide access to high quality medical care to residents of Louisiana, regardless of their income or insurance coverage, and at a level of care appropriate to their medical needs.
- To maintain facility environments conducive to quality, accredited residency, and other health education programs and to work cooperatively with Louisiana medical schools and other health education institutions to afford the maximum opportunity for clinical training in the hospitals.
- To minimize the cost to the State of providing health care to the uninsured by operating its hospitals efficiently, cost effectively, and in accordance with the standards of the hospital industry, and by maintaining a base of patients with third party support, particularly Medicaid.
- To work cooperatively with other health care programs, providers and groups at the state and community levels, in order to maximize the health care resources available to all citizens of Louisiana.

The goals of LSU Health Sciences Center, Health Care Services Division are:

- I. Prevention: To provide health care effectiveness with an emphasis on preventive and primary care.
- II. Partnership: To integrate health delivery network with internal and external community partners.
- III. Performance: To improve management information systems and fiscal accountability.

For additional information, see:

[LA Health Care Services Division](#)

### LA Health Care Services Division Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 30,260,258	\$ 68,121,034	\$ 68,121,034	\$ 76,705,337	\$ 65,647,765	\$ (2,473,269)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	3,373,526	0	0	0	0	0



## LA Health Care Services Division Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
<b>Total Means of Financing</b>	<b>\$ 33,633,784</b>	<b>\$ 68,121,034</b>	<b>\$ 68,121,034</b>	<b>\$ 76,705,337</b>	<b>\$ 65,647,765</b>	<b>\$ (2,473,269)</b>
<b>Expenditures &amp; Request:</b>						
Executive Administration and General Support	\$ 1,700,000	\$ 35,350,302	\$ 35,350,302	\$ 35,919,002	\$ 35,182,983	\$ (167,319)
Earl K Long Medical Center	10,587,142	10,629,016	10,629,016	14,262,052	8,565,016	(2,064,000)
Huey P Long Medical Center	3,366,682	3,306,836	3,306,836	4,337,975	3,306,836	0
University Medical Center	926,562	1,127,672	1,127,672	1,207,269	1,127,672	0
W.O. Moss Regional Medical Center	796,009	815,340	815,340	864,424	815,340	0
Lallie Kemp Regional Medical Center	617,520	664,334	664,334	615,748	664,334	0
Washington-St Tammany Regional Medical Center	515,999	534,163	534,163	756,650	534,163	0
Leonard J Chabert Medical Center	600,629	602,717	602,717	748,208	602,717	0
Charity Hospital & Medical Center of Louisiana	14,523,241	15,090,654	15,090,654	17,994,009	14,848,704	(241,950)
<b>Total Expenditures &amp; Request</b>	<b>\$ 33,633,784</b>	<b>\$ 68,121,034</b>	<b>\$ 68,121,034</b>	<b>\$ 76,705,337</b>	<b>\$ 65,647,765</b>	<b>\$ (2,473,269)</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



## 610\_1000 — Executive Administration and General Support

Program Authorization: R.S.17:1519-R.S. 17:1519.15

### Program Description

The mission of the LSU Health Sciences Center, Health Care Services Division is:

- To provide access to high quality medical care to residents of Louisiana, regardless of their income or insurance coverage, and at a level of care appropriate to their medical needs.
- To maintain facility environments conducive to quality, accredited residency, and other health education programs and to work cooperatively with Louisiana medical schools and other health education institutions to afford the maximum opportunity for clinical training in the hospitals.
- To minimize the cost to the State of providing health care to the uninsured by operating its hospitals efficiently, cost effectively, and in accordance with the standards of the hospital industry, and by maintaining a base of patients with third party support, particularly Medicaid.
- To work cooperatively with other health care programs, providers and groups at the state and community levels, in order to maximize the health care resources available to all citizens of Louisiana.

The goals of LSU Health Sciences Center, Health Care Services Division are:

- I. Prevention: To provide health care effectiveness with an emphasis on preventive and primary care.
- II. Partnership: To integrate health delivery network with internal and external community partners.
- III. Performance: To improve management information systems and fiscal accountability.

For additional information, see:

[Executive Administration and General Support](#)

### Executive Administration and General Support Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 0	\$ 35,350,302	\$ 35,350,302	\$ 35,919,002	\$ 35,182,983	\$ (167,319)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0



## Executive Administration and General Support Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Statutory Dedications	1,700,000	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
<b>Total Means of Financing</b>	<b>\$ 1,700,000</b>	<b>\$ 35,350,302</b>	<b>\$ 35,350,302</b>	<b>\$ 35,919,002</b>	<b>\$ 35,182,983</b>	<b>\$ (167,319)</b>
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	1,700,000	35,350,302	35,350,302	35,919,002	35,182,983	(167,319)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 1,700,000</b>	<b>\$ 35,350,302</b>	<b>\$ 35,350,302</b>	<b>\$ 35,919,002</b>	<b>\$ 35,182,983</b>	<b>\$ (167,319)</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Source of Funding

The source of funding for this program is State General Fund (Direct).

## Executive Administration and General Support Statutory Dedications

Fund	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Louisiana Fund	\$ 1,700,000	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 35,350,302	\$ 35,350,302	0	Existing Oper Budget as of 12/02/03
Statewide Major Financial Changes:			



## Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
<b>Non-Statewide Major Financial Changes:</b>			
\$ (167,319)	\$ (167,319)	0	Transfer of funds to complete the movement of E.A. Conway from HCSD to LSUHSCS
\$ 35,182,983	\$ 35,182,983	0	<b>Recommended FY 2004-2005</b>
\$ 0	\$ 0	0	<b>Less Governor's Supplementary Recommendations</b>
\$ 35,182,983	\$ 35,182,983	0	<b>Base Executive Budget FY 2004-2005</b>
\$ 35,182,983	\$ 35,182,983	0	<b>Grand Total Recommended</b>

## Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2004-2005

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$19,563,436	Unreimbursed Cost for the Hospitals
\$13,919,547	Executive Administration and General Support
\$1,700,000	Administrative Services for Disease Management Program
<b>\$35,182,983</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
	There is no specific allocation for Interagency Transfers for Fiscal Year 2004-2005
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$35,182,983</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2004-2005



## Performance Information

- 1. (KEY) To target budgeted dollars for the provision of direct patient care, while ensuring efficient administrative costs by capping HCSD's administrative program at less than 3% of the total operating budget.**

Strategic Link: HCSD FY2002-2007 Strategic plan goal 3-Performance- To improve clinical, management and fiscal information systems, thereby providing for accountability and positive outcomes

Louisiana Vision 2020 link: Objective 3.3-To insure quality health care to every Louisiana citizen.

Children's budget link: Not applicable

Human Resource Policies Beneficial to Women and Families Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or other): Not applicable

## Performance Indicators

L e v e l	Performance Indicator Values						
	Performance Indicator Name	Yearend Performance	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		Standard	Performance	FY 2003-2004	FY 2003-2004	Budget Level	Budget Level
		FY 2002-2003	FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005
K	Administrative (central office) operating budget as a percent of the total HCSD operating budget (LAPAS CODE - 9789)	1%	1%	1%	1%	1%	1%

This data does not include the administrative operating costs of all eight hospitals. This is inclusive of only the central office of HCSD. The HCSD (representatives of the medical and administrative sides of each medical center and administrative office) has a clearly defined strategic plan which outlines and reflects the core purposes and values of the Executive Administration.

The FY05 performance is based on an anticipated standstill FY05 budget; hence, FY05 projections are the same as FY03 actuals for the disease management and productivity indicators and FY04 performance standards for remaining indicators.





## 610\_3000 — Earl K Long Medical Center

Program Authorization: R.S.17:1519-R.S.17:1519.15

### Program Description

The mission of Earl K. Long Medical Center is:

- To provide access to high quality medical care to residents of Louisiana, regardless of income or insurance coverage, and at a level of care appropriate to their medical needs.
- To maintain facility environments conducive to quality, accredited residency and other health education programs and work cooperatively with Louisiana medical schools and other health education institutions to afford the maximum opportunity for clinical training in the hospitals.
- To minimize the cost to the State of providing health care to the uninsured by operating its hospitals efficiently, cost effectively, and in accordance with the standards of the hospital industry, and by maintaining a base of patients with third party support, particularly Medicaid.
- To work cooperatively with other health care programs, providers and groups at the state and community levels in order to maximize the health care resources available to all the citizens of Louisiana.

The goals of Earl K. Long Medical Center are:

- I. Prevention: Health care effectiveness with an emphasis on preventive and primary care.
- II. Partnership: Integrated health delivery network with internal and external community partners.
- III. Performance: Improved management information systems and fiscal accountability.

For additional information, see:

[Earl K Long Medical Center](#)

### Earl K Long Medical Center Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 10,266,784	\$ 10,629,016	\$ 10,629,016	\$ 14,262,052	\$ 8,565,016	\$ (2,064,000)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	320,358	0	0	0	0	0



## Earl K Long Medical Center Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
<b>Total Means of Financing</b>	\$ 10,587,142	\$ 10,629,016	\$ 10,629,016	\$ 14,262,052	\$ 8,565,016	\$ (2,064,000)
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	10,587,142	10,629,016	10,629,016	14,262,052	8,565,016	(2,064,000)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	\$ 10,587,142	\$ 10,629,016	\$ 10,629,016	\$ 14,262,052	\$ 8,565,016	\$ (2,064,000)
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	0	0	0	0	0	0

## Source of Funding

The source of funding for this program is State General Fund (Direct).

## Earl K Long Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Louisiana Fund	\$ 320,358	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 10,629,016	\$ 10,629,016	0	Existing Oper Budget as of 12/02/03

Statewide Major Financial Changes:

Non-Statewide Major Financial Changes:



## Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ (2,064,000)	\$ (2,064,000)	0	Transfer of dialysis services from Health Care Services Division (19-610) to Department of Corrections - Dixon Correctional Center (08-409).
\$ 8,565,016	\$ 8,565,016	0	<b>Recommended FY 2004-2005</b>
\$ 0	\$ 0	0	<b>Less Governor's Supplementary Recommendations</b>
\$ 8,565,016	\$ 8,565,016	0	<b>Base Executive Budget FY 2004-2005</b>
\$ 8,565,016	\$ 8,565,016	0	<b>Grand Total Recommended</b>

## Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2004-2005

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$10,266,784	Prisoner Care
\$362,232	Disease Manangement
<b>\$10,629,016</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
	There is no specific allocation for Interagency Transfers for Fiscal Year 2004-2005
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$10,629,016</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2004-2005



## Performance Information

- 1. (KEY) To operate consistently with HCSD's dual mission to provide quality medical care while serving as the state's classroom for medical and clinical education. To continue to provide professional, quality, acute general medical and specialty services in the hospital and maintain the average length of stay of 5.9 days for patients admitted into the hospital.**

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 3-Performance-To improve clinical, management and fiscal information systems, thereby providing for accountability and positive outcomes

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

## Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
S	Number of staffed beds (LAPAS CODE - 9806)	125	135	135	135	135	135
Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit. ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.							
K	Average daily census (LAPAS CODE - 9807)	99	112	108	108	108	107
In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.							
K	Emergency department visits (LAPAS CODE - 5854)	62,205	63,612	62,667	44,667	44,667	48,991
An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.							
K	Total outpatient encounters (LAPAS CODE - 9809)	174,422	193,768	190,219	167,219	167,219	180,329
Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.							



## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	16	13	15	16	13	13
Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.							
K	FTE staff per patient (per adjusted discharge) (LAPAS CODE - 9811)	8	7	8	6	7	7
Productivity and efficiency in a hospital are often evaluated primarily by the number of full time equivalent(FTE)personnel per adjusted discharges. Lower staffing levels are viewed as favorable since salary and benefits expense is usually the largest single category expense of the hospital. This performance standard is the total number of full time equivalent personnel divided by the number of adjusted discharges, multiplied by 100. FTE's exclude contract and civil service physicians. FTE/AD: AD is total discharges multiplied by the adjustment factor. the adjustment factor is gross patients revenue/gross inpatient acute care revenue. The comparative performance of U.S. Hospitals, The Sourcebook, 2002.							
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15451)	4	5	4	4	4	5
Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.							
K	Cost per adjusted discharge	\$ 7,528	\$ 6,298	\$ 7,118	\$ 6,039	\$ 6,298	\$ 6,298
(LAPAS CODE - 9813)							
This indicator is the total operating expenses of a hospital divided by the number of adjusted discharges from the hospital's number of acute care discharges by its adjustment factor. An adjustment factor is calculated as the ratio of gross inpatient acute care revenue. The adjustment factor is used to transform all of the hospital's revenue generating activities, including inpatient acute care services, inpatient non acute care services, and outpatient services, into units expressed in terms of inpatient acute care services. The transformation is applied by multiplying the adjustment factor times a measure of inpatient acute care output,e.g. discharges or inpatient days of care. Costs per adjusted discharge measures the amount of expenses per unit of hospital utilization. The Comprehensive Performance of U.S. Hospitals-The Sourcebook,2002.							
There is great diversity in the level and volume of services provided at medical centers. There is a cost differential inherent in the proportion of primary(non-emergent outpatient care) and secondary services(inpatient services) provided by a hospital. Tertiary services, such as the advanced trauma services provided at MCLNO, for example, add another level of costs that need to be factored in the comparison. Furthermore, six of the eight hospitals under HCSD operation are providing a hospital-based education, which must also be considered when comparisons for cost per adjusted discharge are made. These factors impact the cost per adjusted discharge and the number of employees per adjusted discharge. Each Hospital in the HCSD system should be compared to groups in the nation which are as closely similar as possible to get a sense of how well each hospital is functioning.							
The HCIA 2002 Sourcebook states the median cost per adjusted discharge for 'minor' teaching hospitals is \$6,679. Note the HCIA Sourcebook reflects a standard for 2000, which was adjusted by the medical care inflation rate of 4.6% for 2001, a medical care inflation rate of 4.7% for 2002 and a medical inflation rate of 4.3% to bring the 2003 adjusted CAD to \$1,177,779.							



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
K	Percentage of readmissions (LAPAS CODE - 9814)	11%	8%	7%	7%	7%	9%
Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.							
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	85%	91%	89%	89%	89%	89%
The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past performance. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 2002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.							

**2. (KEY) To ensure health care effectiveness with an emphasis on preventive and primary care and continue the development of and increased participation in the current disease management initiatives (diabetes, asthma, cancer, congestive heart failure and HIV) with the expansion of significant per patient improved health outcomes attributed to prevention of complications associated with these conditions and avoiding higher per patient acute care costs.**

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 1-Objective 1.1-Continue the system wide development of and increased participation in the current disease management initiatives(diabetes, asthma, cancer, congestive heart failure and HIV) with the expectation of significant per patient cost avoidance attributed to prevention of complications associated with these conditions

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

## Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	132	124	100	100	124	124
<p>Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients.</p> <p>When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term"failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term"congestive heart failure"(CHF) is often synomous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hyper tension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves(particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure. American Heart Association.</p> <p>Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.</p>							
K	ER visit rate for congestive heart failure patients (LAPAS CODE - 15453)	514	446	456	456	446	446
<p>A visit to the ER can be defined as a visit for any cause.</p> <p>ER visit rate for congestive heart failure patients is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of ER visits in the past quarter per 1000 patients.</p>							
K	Hospitalization rate related to asthma patients (LAPAS CODE - 15454)	65	47	62	62	47	47
<p>Asthma affects 12-15 million Americans, including approximately 10%-12% of children under the age of 18. Asthma may occur at any age, although it's more common in younger individuals(under the age of 40). Asthma is a disease of the bronchial tubes, or airways of the lungs, characterized by tightening of these airways. During normal breathing, the bands of muscle that surround the airways are relaxed, and air moves freely. In people with asthma, allergy causing substances and environmental triggers make the bands of muscle surrounding the airways tighten, and air can not move freely. Less air causes a person to feel short of breath, and the air moving through the tightened airways causes a whistling sound known as wheezing. People with asthma have red and swollen bronchial tubes. The inflammation is thought to contribute greatly to the long term damage that asthma can cause to the lungs. Treating this inflammation is key to managing asthma in the long run. Definition-The Cleveland Clinic Department of Allergy and Immunology.</p> <p>Hospitalization days related to asthma patients is calculated by taking the number of admissions in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of admits for any reason in the past quarter per 1000 asthma patients.</p>							
K	ER visit rate for asthma patients (LAPAS CODE - 15455)	637	583	618	618	583	583
<p>ER visit rate for asthma patient is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of ER visits in the past quarter per 1000 asthma patients.</p>							
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	40%	40%	42%	42%	40%	40%



## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance Standard	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2002-2003	FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005
	<p>Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association &amp; the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.</p> <p>Percentage of Diabetics with current A1C <math>\leq 7</math> is calculated by taking the number of diabetics with current HbA1c <math>\leq 7</math> and dividing that by the number of diabetics with current HbA1c.</p>						
K	Hospitalization rate related to HIV patients (LAPAS CODE - 15457)	91	75	79	79	75	75
	<p>HIV is the virus that causes acquired immune deficiency syndrome. This virus kills the blood cell the CD4T lymphocyte, or T cell. The T cells are the quarterback of the immune system. As they die off the body becomes more and more vulnerable to other diseases. Definition-JAMA HIV/AIDS Information Center.</p> <p>Hospitalization days related to HIV patients is calculated by taking the number of admissions in the past 3 months times 1000 and dividing that by the number in the HIV population. The indicator definition is number of admissions in the past quarter for any reason per 1000 HIV patients in the population.</p>						
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	30%	25%	28%	28%	25%	25%
	<p>Percentage of woman <math>\geq 40</math> years of age with mammogram in the past year is calculated by taking the number of women <math>\geq 40</math> years of age with a mammogram in the past year and dividing that by the number of women in the population.</p>						
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	30%	25%	29%	29%	25%	25%
	<p>The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists (ACOG) Resource Center.</p> <p>Percentage of Women <math>\geq 18</math> years of age with a pap smear in the past year is calculated by taking the number of women <math>\geq 18</math> years of age with a pap smear in the past year and dividing that by the number of women in the population <math>\geq 18</math> years of age.</p>						





## 610\_4000 — Huey P Long Medical Center

Program Authorization: R.S.17:1519-R.S.17:1519.15

### Program Description

The mission of Huey P. Long Pineville (an inpatient facility) and England Airpark Medical Center (an outpatient facility) is:

- To provide access to high quality medical care to residents of Louisiana, regardless of income or insurance coverage, and at a level of care appropriate to their medical needs.
- To maintain facility environments conducive to quality, accredited residency and other health education programs and work cooperatively with Louisiana medical schools and other health education institutions to afford the maximum opportunity for clinical training in the hospitals.
- To minimize the cost to the State of providing health care to the uninsured by operating its hospitals efficiently, cost effectively, and in accordance with the standards of the hospital industry, and by maintaining a base of patients with third party support, particularly Medicaid.
- To work cooperatively with other health care programs, providers and groups at the state and community levels in order to maximize the health care resources available to all the citizens of Louisiana.

The goals of the Huey P. Long Pineville and England Airpark Medical Centers are:

- I. Prevention: Health care effectiveness with an emphasis on preventive and primary care.
- II. Partnership: Integrated health delivery network with internal and external community partners.
- III. Performance: Improved management information systems and fiscal accountability.

For additional information, see:

[Huey P Long Medical Center](#)

### Huey P Long Medical Center Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 3,267,189	\$ 3,306,836	\$ 3,306,836	\$ 4,337,975	\$ 3,306,836	\$ 0
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	99,493	0	0	0	0	0



## Huey P Long Medical Center Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
<b>Total Means of Financing</b>	<b>\$ 3,366,682</b>	<b>\$ 3,306,836</b>	<b>\$ 3,306,836</b>	<b>\$ 4,337,975</b>	<b>\$ 3,306,836</b>	<b>\$ 0</b>
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	3,366,682	3,306,836	3,306,836	4,337,975	3,306,836	0
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 3,366,682</b>	<b>\$ 3,306,836</b>	<b>\$ 3,306,836</b>	<b>\$ 4,337,975</b>	<b>\$ 3,306,836</b>	<b>\$ 0</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Source of Funding

The source of funding for this program is State General Fund (Direct).

## Huey P Long Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Louisiana Fund	\$ 99,493	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 3,306,836	\$ 3,306,836	0	Existing Oper Budget as of 12/02/03
Statewide Major Financial Changes:			



## Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
<b>Non-Statewide Major Financial Changes:</b>			
\$ 3,306,836	\$ 3,306,836	0	<b>Recommended FY 2004-2005</b>
\$ 0	\$ 0	0	<b>Less Governor's Supplementary Recommendations</b>
\$ 3,306,836	\$ 3,306,836	0	<b>Base Executive Budget FY 2004-2005</b>
\$ 3,306,836	\$ 3,306,836	0	<b>Grand Total Recommended</b>

## Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2004-2005

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$2,999,761	Prisioner Care
\$307,075	Disease Manangement
<b>\$3,306,836</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
	There is no specific allocation for Interagency Transfers for Fiscal Year 2004-2005
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$3,306,836</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2004-2005



## Performance Information

- 1. (KEY) To operate consistently with HCSD's dual mission to provide quality medical care while serving as the state's classroom for medical and clinical education. To continue to provide professional, quality, acute general medical and specialty services to patients**

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 3-Performance-To improve clinical, management and fiscal information systems, thereby providing for accountability and positive outcomes

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Explanatory Note: Huey P. Long Medical Center is a "minor" teaching facility

### Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
S	Number of staffed beds (LAPAS CODE - 9806)	65	60	60	50	50	55
Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit. ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.							
K	Average daily census (LAPAS CODE - 9807)	45	44	46	39	39	44
In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.							
K	Emergency department visits (LAPAS CODE - 5854)	49,676	53,491	50,867	32,596	32,596	43,454
An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.							
K	Total outpatient encounters (LAPAS CODE - 9809)	101,379	119,011	119,741	104,251	104,251	111,648
Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.							



## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	8	9	8	9	9	8
Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.							
K	FTE staff per patient (per adjusted discharge) (LAPAS CODE - 9811)	6	6	6	6	6	6
Productivity and efficiency in a hospital are often evaluated primarily by the number of full time equivalent(FTE)personnel per adjusted discharges. Lower staffing levels are viewed as favorable since salary and benefits expense is usually the largest single category expense of the hospital. This performance standard is the total number of full time equivalent personnel divided by the number of adjusted discharges, multiplied by 100. FTE's exclude contract and civil service physicians. FTE/AD: AD is total discharges multiplied by the adjustment factor. the adjustment factor is gross patients revenue/gross inpatient acute care revenue. The comparative performance of U.S. Hospitals, The Sourcebook, 2002.							
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	4	4	4	4	4	4
Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.							
K	Cost per adjusted discharge	\$ 6,017	\$ 5,391	\$ 5,270	\$ 4,995	\$ 5,391	\$ 5,391
(LAPAS CODE - 9813)							
This indicator is the total operating expenses of a hospital divided by the number of adjusted discharges from the hospital's number of acute care discharges by its adjustment factor. An adjustment factor is calculated as the ratio of gross inpatient acute care revenue. The adjustment factor is used to transform all of the hospital's revenue generating activities, including inpatient acute care services, inpatient non acute care services, and outpatient services, into units expressed in terms of inpatient acute care services. The transformation is applied by multiplying the adjustment factor times a measure of inpatient acute care output,e.g. discharges or inpatient days of care. Costs per adjusted discharge measures the amount of expenses per unit of hospital utilization. The Comprehensive Performance of U.S. Hospitals-The Sourcebook,2002.							
There is great diversity in the level and volume of services provided at medical centers. There is a cost differential inherent in the proportion of primary(non-emergent outpatient care) and secondary services(inpatient services) provided by a hospital. Tertiary services, such as the advanced trauma services provided at MCLNO, for example, add another level of costs that need to be factored in the comparison. Furthermore, six of the eight hospitals under HCSD operation are providing a hospital-based education, which must also be considered when comparisons for cost per adjusted discharge are made. These factors impact the cost per adjusted discharge and the number of employees per adjusted discharge. Each Hospital in the HCSD system should be compared to groups in the nation which are as closely similar as possible to get a sense of how well each hospital is functioning.							
The HCIA 2002 Sourcebook states the median cost per adjusted discharge for 'minor' teaching hospitals is \$6679. Note the HCIA Sourcebook reflects a standard for 2000, which was adjusted by the medical care inflation rate of 4.6% for 2001, a medical care inflation rate of 4.7% for 2002 and a medical inflation rate of 4.3% to bring the 2003 adjusted CAD to \$1177779.							



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
K	Percentage of Readmissions (LAPAS CODE - 9814)	11%	11%	8%	8%	8%	9%
Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.							
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	85%	81%	86%	86%	86%	86%
The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.							

**2. (KEY) To ensure health care effectiveness with an emphasis on preventive and primary care and continue the development of and increased participation in the current disease management initiatives (diabetes, asthma, cancer, congestive heart failure and HIV) with the expansion of significant per patient improved health outcomes attributed to prevention of complications associated with these conditions and avoiding higher per patient acute care costs.**

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 1-Objective 1.1-Continue the system wide development of and increased participation in the current disease management initiatives(diabetes, asthma, cancer, congestive heart failure and HIV) with the expectation of significant per patient cost avoidance attributed to prevention of complications associated with these conditions

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



## Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	334	143	179	179	143	143
<p>Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients.</p> <p>When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term"failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term"congestive heart failure"(CHF) is often synomous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hyper tension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves(particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure. American Heart Association.</p> <p>Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.</p>							
K	ER visit rate for congestive heart failure patients (LAPAS CODE - 15453)	881	407	472	472	407	407
<p>A visit to the ER can be defined as a visit for any cause.</p> <p>ER visit rate for congestive heart failure patients is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of ER visits in the past quarter per 1000 patients.</p>							
K	Hospitalization rate related to asthma patients (LAPAS CODE - 15454)	80	56	72	72	56	56
<p>Asthma affects 12-15 million Americans, including approximately 10%-12% of children under the age of 18. Asthma may occur at any age, although it's more common in younger individuals(under the age of 40). Asthma is a disease of the bronchial tubes, or airways of the lungs, characterized by tightening of these airways. During normal breathing, the bands of muscle that surround the airways are relaxed, and air moves freely. In people with asthma, allergy causing substances and environmental triggers make the bands of muscle surrounding the airways tighten, and air can not move freely. Less air causes a person to feel short of breath, and the air moving through the tightened airways causes a whistling sound known as wheezing. People with asthma have red and swollen bronchial tubes. The inflammation is thought to contribute greatly to the long term damage that asthma can cause to the lungs. Treating this inflammation is key to managing asthma in the long run. Definition-The Cleveland Clinic Department of Allergy and Immunology.</p> <p>Hospitalization days related to asthma patients is calculated by taking the number of admissions in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of admits for any reason in the past quarter per 1000 asthma patients.</p>							
K	ER visit rate for asthma patients (LAPAS CODE - 15455)	580	558	563	563	558	558
<p>ER visit rate for asthma patient is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of ER visits in the past quarter per 1000 asthma patients.</p>							
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	40%	46%	47%	47%	46%	46%



## Performance Indicators (Continued)

L e v e l	Performance Indicator Values						
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
	Performance Indicator Name	FY 2002-2003	FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005
	<p>Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them(and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial(DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study(UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association&amp; the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.</p> <p>Percentage of Diabetics with current A1C &lt;= 7 is calculated by taking the number of diabetics with current HbGA1c&lt;=7 and diving that by the number of diabetics with current HbGA1c.</p>						
K	Hospitalization rate related to HIV patients (LAPAS CODE - 15457)	40	47	38	38	47	47
	<p>HIV is the virus that causes acquired immune deficiency syndrome. This virus kills the blood cell the CD4T lymphocyte, or T cell. The T cells are the quarterback of the immune system. As they die off the body becomes more and more vulnerable to other diseases. Definition-JAMA HIV/AIDS Information Center.</p> <p>Hospitalization days related to HIV patients is calculated by taking the number of admissions in the past 3 months times 1000 and dividing that by the number in the HIV population. The indicator definition is number of admissions in the past quarter for any reason per 1000 HIV patients in the population.</p>						
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	26%	25%	26%	26%	25%	25%
	<p>Percentage of woman &gt;=40 years of age with mammogram in the past year is calculated by taking the number of women&gt;=40 years of age with a mammogram in the past year and dividing that by the number of women in the population.</p>						
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	31%	35%	32%	32%	35%	35%
	<p>The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists(ACOG) Resource Center</p> <p>Percentage of Women &gt;= 18 years of age with a pap smear in the past year is calculated by taking the number of women&gt;=18 years of age with a pap smear in the past year and dividing that by the number of women in the population&gt;=18years of age.</p>						





## 610\_5000 — University Medical Center

Program Authorization: R.S.17:1519-R.S.17:1519.15

### Program Description

The mission of the University Medical Center is:

- To provide access to high quality medical care to residents of Louisiana, regardless of income or insurance coverage, and at a level of care appropriate to their medical needs.
- To maintain facility environments conducive to quality, accredited residency and other health education programs and work cooperatively with Louisiana medical schools and other health education institutions to afford the maximum opportunity for clinical training in the hospitals.
- To minimize the cost to the State of providing health care to the uninsured by operating its hospitals efficiently, cost effectively, and in accordance with the standards of the hospital industry, and by maintaining a base of patients with third party support, particularly Medicaid.
- To work cooperatively with other health care programs, providers and groups at the state and community levels in order to maximize the health care resources available to all the citizens of Louisiana.

The goals of the University Medical Center are:

- I. Prevention: Health care effectiveness with an emphasis on preventive and primary care.
- II. Partnership: Integrated health delivery network with internal and external community partner.
- III. Performance: Improved management information systems and fiscal accountability.

For additional information, see:

[University Medical Center](#)

### University Medical Center Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 814,098	\$ 1,127,672	\$ 1,127,672	\$ 1,207,269	\$ 1,127,672	\$ 0
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	112,464	0	0	0	0	0



## University Medical Center Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
<b>Total Means of Financing</b>	\$ 926,562	\$ 1,127,672	\$ 1,127,672	\$ 1,207,269	\$ 1,127,672	\$ 0
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	926,562	1,127,672	1,127,672	1,207,269	1,127,672	0
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	\$ 926,562	\$ 1,127,672	\$ 1,127,672	\$ 1,207,269	\$ 1,127,672	\$ 0
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	0	0	0	0	0	0

## Source of Funding

The source of funding for this program is State General Fund (Direct).

## University Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Louisiana Fund	\$ 112,464	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 1,127,672	\$ 1,127,672	0	Existing Oper Budget as of 12/02/03
Statewide Major Financial Changes:			



## Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
<b>Non-Statewide Major Financial Changes:</b>			
\$ 1,127,672	\$ 1,127,672	0	<b>Recommended FY 2004-2005</b>
\$ 0	\$ 0	0	<b>Less Governor's Supplementary Recommendations</b>
\$ 1,127,672	\$ 1,127,672	0	<b>Base Executive Budget FY 2004-2005</b>
\$ 1,127,672	\$ 1,127,672	0	<b>Grand Total Recommended</b>

## Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2004-2005

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$814,098	Prisioner Care
\$313,574	Disease Manangement
<b>\$1,127,672</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
	There is no specific allocation for Interagency Transfers for Fiscal Year 2004-2005
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$1,127,672</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2004-2005



## Performance Information

- 1. (KEY) To operate consistently with HCSD's dual mission to provide quality medical care while serving as the state's classroom for medical and clinical education. To continue to provide professional, quality, acute general medical and specialty services in the hospital and maintain the average length of stay of 5.7 days for patients admitted into the hospital.**

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 3-Performance-To improve clinical, management and fiscal information systems, thereby providing for accountability and positive outcomes

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Explanatory Note: University Medical Center is a "minor" teaching facility

## Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values				
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005
S	Number of staffed beds (LAPAS CODE - 9806)	120	101	100	94	94
Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit. ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.						
K	Average daily census (LAPAS CODE - 9807)	80	78	80	72	72
In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.						
K	Emergency department visits (LAPAS CODE - 5854)	39,429	43,482	39,120	40,329	40,329
						43,474

## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
	An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.						
K	Total outpatient encounters (LAPAS CODE - 9809)	154,518	168,355	157,881	156,149	156,149	165,984
	Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.						
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	13	14	9	15	15	16
	Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.						
K	FTE staff per patient (per adjusted discharge) (LAPAS CODE - 9811)	8	7	7	6	7	7
	Productivity and efficiency in a hospital are often evaluated primarily by the number of full time equivalent(FTE)personnel per adjusted discharges. Lower staffing levels are viewed as favorable since salary and benefits expense is usually the largest single category expense of the hospital. This performance standard is the total number of full time equivalent personnel divided by the number of adjusted discharges, multiplied by 100. FTE's exclude contract and civil service physicians. FTE/AD: AD is total discharges multiplied by the adjustment factor. the adjustment factor is gross patients revenue/gross inpatient acute care revenue. The comparative performance of U.S. Hospitals, The Sourcebook, 2002.						
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	5	4	4	5	5	5
	Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.						
K	Cost per adjusted discharge (LAPAS CODE - 9813)	\$ 7,151	\$ 6,293	\$ 6,046	\$ 6,076	\$ 6,293	\$ 6,293



## Performance Indicators (Continued)

L e v e l	Performance Indicator Values						
		Yearend		Performance			
	Performance Indicator	Performance	Actual Yearend	Standard as	Existing	Performance At	Performance
	Name	Standard	Performance	Initially	Performance	Continuation	At Executive
		FY 2002-2003	FY 2002-2003	Appropriated	Standard	Budget Level	Budget Level
			FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005
	<p>This indicator is the total operating expenses of a hospital divided by the number of adjusted discharges from the hospital's number of acute care discharges by its adjustment factor. An adjustment factor is calculated as the ratio of gross inpatient acute care revenue. The adjustment factor is used to transform all of the hospital's revenue generating activities, including inpatient acute care services, inpatient non acute care services, and outpatient services, into units expressed in terms of inpatient acute care services. The transformation is applied by multiplying the adjustment factor times a measure of inpatient acute care output, e.g. discharges or inpatient days of care. Costs per adjusted discharge measures the amount of expenses per unit of hospital utilization. The Comprehensive Performance of U.S. Hospitals-The Sourcebook, 2002.</p> <p>There is great diversity in the level and volume of services provided at medical centers. There is a cost differential inherent in the proportion of primary(non-emergent outpatient care) and secondary services(inpatient services) provided by a hospital. Tertiary services, such as the advanced trauma services provided at MCLNO, for example, add another level of costs that need to be factored in the comparison. Furthermore, six of the eight hospitals under HCSD operation are providing a hospital-based education, which must also be considered when comparisons for cost per adjusted discharge are made. These factors impact the cost per adjusted discharge and the number of employees per adjusted discharge. Each Hospital in the HCSD system should be compared to groups in the nation which are as closely similar as possible to get a sense of how well each hospital is functioning.</p> <p>The HCIA 2002 Sourcebook states the median cost per adjusted discharge for 'minor' teaching hospitals is \$6679. Note the HCIA Sourcebook reflects a standard for 2000, which was adjusted by the medical care inflation rate of 4.6% for 2001, a medical care inflation rate of 4.7% for 2002 and a medical inflation rate of 4.3% to bring the 2003 adjusted CAD to \$1,177,779.</p>						
K	Percentage of Readmissions (LAPAS CODE - 9814)	11%	7%	7%	7%	7%	9%
	<p>Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>						
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	85%	89%	88%	88%	88%	88%
	<p>The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.</p>						

## 2. (KEY) To ensure health care effectiveness with an emphasis on preventive and primary care and continue the development of and increased participation in the current disease management initiatives (diabetes, asthma, cancer, congestive heart failure and HIV) with the expansion of significant per patient improved health outcomes attributed to prevention of complications associated with these conditions and avoiding higher per patient acute care costs.

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 1-Objective 1.1-Continue the system wide development of and increased participation in the current disease management initiatives (diabetes, asthma, cancer, congestive heart failure and HIV) with the expectation of significant per patient cost avoidance attributed to prevention of complications associated with these conditions

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

### Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	205	113	126	126	113	113
<p>Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients.</p> <p>When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure" (CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hypertension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves (particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure. American Heart Association.</p> <p>Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.</p>							
K	ER visit rate for congestive heart failure patients (LAPAS CODE - 15453)	359	189	275	275	189	189
<p>A visit to the ER can be defined as a visit for any cause.</p> <p>ER visit rate for congestive heart failure patients is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of ER visits in the past quarter per 1000 patients.</p>							
K	Hospitalization rate related to asthma patients (LAPAS CODE - 15454)	109	63	74	74	63	63
<p>Asthma affects 12-15 million Americans, including approximately 10%-12% of children under the age of 18. Asthma may occur at any age, although it's more common in younger individuals (under the age of 40). Asthma is a disease of the bronchial tubes, or airways of the lungs, characterized by tightening of these airways. During normal breathing, the bands of muscle that surround the airways are relaxed, and air moves freely. In people with asthma, allergy causing substances and environmental triggers make the bands of muscle surrounding the airways tighten, and air can not move freely. Less air causes a person to feel short of breath, and the air moving through the tightened airways causes a whistling sound known as wheezing. People with asthma have red and swollen bronchial tubes. The inflammation is thought to contribute greatly to the long term damage that asthma can cause to the lungs. Treating this inflammation is key to managing asthma in the long run. Definition-The Cleveland Clinic Department of Allergy and Immunology.</p> <p>Hospitalization days related to asthma patients is calculated by taking the number of admissions in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of admits for any reason in the past quarter per 1000 asthma patients.</p>							
K	ER visit rate for asthma patients (LAPAS CODE - 15455)	482	342	396	396	342	342



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2002-2003	FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005

ER visit rate for asthma patient is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of ER visits in the past quarter per 1000 asthma patients.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	40%	39%	54%	54%	39%	39%
---	--	-----	-----	-----	-----	-----	-----

Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.

Percentage of Diabetics with current A1C  $\leq 7$  is calculated by taking the number of diabetics with current HbA1c  $\leq 7$  and dividing that by the number of diabetics with current HbA1c.

K	Hospitalization rate related to HIV patients (LAPAS CODE - 15457)	46	71	40	40	71	71
---	---	----	----	----	----	----	----

HIV is the virus that causes acquired immune deficiency syndrome. This virus kills the blood cell the CD4T lymphocyte, or T cell. The T cells are the quarterback of the immune system. As they die off the body becomes more and more vulnerable to other diseases. Definition-JAMA HIV/AIDS Information Center.

Hospitalization days related to HIV patients is calculated by taking the number of admissions in the past 3 months times 1000 and dividing that by the number in the HIV population. The indicator definition is number of admissions in the past quarter for any reason per 1000 HIV patients in the population.





## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	23%	36%	26%	26%	36%	36%
Percentage of woman $\geq 40$ years of age with mammogram in the past year is calculated by taking the number of women $\geq 40$ years of age with a mammogram in the past year and dividing that by the number of women in the population.							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	41%	32%	40%	40%	32%	32%
The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists(ACOG) Resource Center Percentage of Women $\geq 18$ years of age with a pap smear in the past year is calculated by taking the number of women $\geq 18$ years of age with a pap smear in the past year and dividing that by the number of women in the population $\geq 18$ years of age.							



## 610\_6000 — W.O. Moss Regional Medical Center

Program Authorization: R.S.17:1519-R.S.17:1519.15

### Program Description

The mission of the W. O. Moss Regional Medical Center is:

- To provide access to high quality medical care to residents of Louisiana, regardless of income or insurance coverage, and at a level of care appropriate to their medical needs.
- To maintain facility environments conducive to quality, accredited residency and other health education programs and work cooperatively with Louisiana medical schools and other health education institutions to afford the maximum opportunity for clinical training in the hospitals.
- To minimize the cost to the State of providing health care to the uninsured by operating its hospitals efficiently, cost effectively, and in accordance with the standards of the hospital industry, and by maintaining a base of patients with third party support, particularly Medicaid.
- To work cooperatively with other health care programs, providers and groups at the state and community levels in order to maximize the health care resources available to all the citizens of Louisiana.

The goals of W. O. Moss Regional Medical Center are:

- I. Prevention: Health care effectiveness with an emphasis on preventive and primary care.
- II. Partnership: Integrated health delivery network with internal and external community partners.
- III. Performance: Improved management information systems and fiscal accountability.

For additional information, see:

[W.O. Moss Regional Medical Center](#)

### W.O. Moss Regional Medical Center Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 688,013	\$ 815,340	\$ 815,340	\$ 864,424	\$ 815,340	\$ 0
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	107,996	0	0	0	0	0

## W.O. Moss Regional Medical Center Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
<b>Total Means of Financing</b>	<b>\$ 796,009</b>	<b>\$ 815,340</b>	<b>\$ 815,340</b>	<b>\$ 864,424</b>	<b>\$ 815,340</b>	<b>\$ 0</b>
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	796,009	815,340	815,340	864,424	815,340	0
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	<b>\$ 796,009</b>	<b>\$ 815,340</b>	<b>\$ 815,340</b>	<b>\$ 864,424</b>	<b>\$ 815,340</b>	<b>\$ 0</b>
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Source of Funding

The source of funding for this program is State General Fund (Direct).

## W.O. Moss Regional Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Louisiana Fund	\$ 107,996	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 815,340	\$ 815,340	0	Existing Oper Budget as of 12/02/03
Statewide Major Financial Changes:			



## Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
<b>Non-Statewide Major Financial Changes:</b>			
\$ 815,340	\$ 815,340	0	<b>Recommended FY 2004-2005</b>
\$ 0	\$ 0	0	<b>Less Governor's Supplementary Recommendations</b>
\$ 815,340	\$ 815,340	0	<b>Base Executive Budget FY 2004-2005</b>
\$ 815,340	\$ 815,340	0	<b>Grand Total Recommended</b>

## Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2004-2005

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$688,013	Prisoner Care
\$127,327	Disease Manangement
<b>\$815,340</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
	There is no specific allocation for Interagency Transfers for Fiscal Year 2004-2005
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$815,340</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2004-2005

## Performance Information

- 1. (KEY) To operate consistently with HCSD's dual mission to provide quality medical care while serving as the state's classroom for medical and clinical education. To continue to provide professional, quality, acute general medical and specialty services in the hospital and maintain the average length of stay of 5.7 days for patients admitted into the hospital.**

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 3-Performance-To improve clinical, management and fiscal information systems, thereby providing for accountability and positive outcomes

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Explanatory Note: W.O. Moss Regional Medical Center is classified for comparative purposes as a non teaching facility. However, the facility does participate in clinical rotations for nursing students

## Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2002-2003	FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005
S	Number of staffed beds (LAPAS CODE - 9806)	51	44	54	28	28	30
Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.							
K	Average daily census (LAPAS CODE - 9807)	32	29	30	25	25	24
In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.							
K	Emergency department visits (LAPAS CODE - 9854)	32,074	33,101	35,348	28,298	28,298	24,612



**Performance Indicators (Continued)**

L e v e l				Performance Indicator Values			
		Yearend		Performance			
	Performance Indicator	Performance	Actual Yearend	Standard as	Existing	Performance At	Performance
	Name	Standard	Performance	Initially	Performance	Continuation	At Executive
I		FY 2002-2003	FY 2002-2003	Appropriated	Standard	Budget Level	Budget Level
		FY 2002-2003	FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005
	An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.						
K	Total outpatient encounters (LAPAS CODE - 9809)	90,124	100,128	99,308	85,600	85,600	86,436
	Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.						
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	9	9	10	9	9	8
	Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.						
K	FTE staff per patient (per adjusted discharge) (LAPAS CODE - 9811)	6	6	6	6	6	6
	Productivity and efficiency in a hospital are often evaluated primarily by the number of full time equivalent(FTE)personnel per adjusted discharges. Lower staffing levels are viewed as favorable since salary and benefits expense is usually the largest single category expense of the hospital. This performance standard is the total number of full time equivalent personnel divided by the umber of adjusted discharges, multiplied by 100. FTE's exclude contract and civil service physicians. FTE/AD: AD is total discharges multiplied by the adjustment factor. the adjustment factor is gross patients revenue/gross inpatient acute care revenue. The comparative performance of U.S. Hospitals, The Sourcebook, 2002.						
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	5	5	5	5	5	4
	Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.						
K	Cost per adjusted discharge (LAPAS CODE - 9813)	\$ 5,485	\$ 5,056	\$ 4,990	\$ 5,391	\$ 5,056	\$ 5,056



## Performance Indicators (Continued)

L e v e l	Performance Indicator Values						
		Yearend		Performance	Existing	Performance At	Performance
	Performance Indicator	Performance	Actual Yearend	Standard as	Performance	Continuation	At Executive
	Name	Standard	Performance	Initially	Standard	Budget Level	Budget Level
		FY 2002-2003	FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005
	<p>This indicator is the total operating expenses of a hospital divided by the number of adjusted discharges from the hospital's number of acute care discharges by its adjustment factor. An adjustment factor is calculated as the ratio of gross inpatient acute care revenue. The adjustment factor is used to transform all of the hospital's revenue generating activities, including inpatient acute care services, inpatient non acute care services, and outpatient services, into units expressed in terms of inpatient acute care services. The transformation is applied by multiplying the adjustment factor times a measure of inpatient acute care output, e.g. discharges or inpatient days of care. Costs per adjusted discharge measures the amount of expenses per unit of hospital utilization. The Comprehensive Performance of U.S. Hospitals-The Sourcebook,2002.</p> <p>There is great diversity in the level and volume of services provided at medical centers. There is a cost differential inherent in the proportion of primary(non-emergent outpatient care) and secondary services(inpatient services) provided by a hospital. Tertiary services, such as the advanced trauma services provided at MCLNO, for example, add another level of costs that need to be factored in the comparison. Furthermore, six of the eight hospitals under HCSD operation are providing a hospital-based education, which must also be considered when comparisons for cost per adjusted discharge are made. These factors impact the cost per adjusted discharge and the number of employees per adjusted discharge. Each Hospital in the HCSD system should be compared to groups in the nation which are as closely similar as possible to get a sense of how well each hospital is functioning.</p> <p>The HCIA 2002 Sourcebook states the median cost per adjusted discharge for 'minor' teaching hospitals is \$6679. Note the HCIA Sourcebook reflects a standard for 2000, which was adjusted by the medical care inflation rate of 4.6% for 2001, a medical care inflation rate of 4.7% for 2002 and a medical inflation rate of 4.3% to bring the 2003 adjusted CAD to \$1,177,779.</p>						
K	Percentage of Readmissions (LAPAS CODE - 9814)	11%	9%	11%	11%	11%	11%
	<p>Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>						
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	85%	91%	87%	87%	87%	87%
	<p>The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03,"Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.</p>						

## 2. (KEY) To ensure health care effectiveness with an emphasis on preventive and primary care and continue the development of and increased participation in the current disease management initiatives (diabetes, asthma, cancer, congestive heart failure and HIV) with the expansion of significant per patient improved health outcomes attributed to prevention of complications associated with these conditions and avoiding higher per patient acute care costs.

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 1-Objective 1.1-Continue the system wide development of and increased participation in the current disease management initiatives(diabetes, asthma, cancer, congestive heart failure and HIV) with the expectation of significant per patient cost avoidance attributed to prevention of complications associated with these conditions



Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

### Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2002-2003	FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	99	58	104	104	58	58
<p>Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients.</p> <p>When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure"(CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hypertension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves(particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rate instances extreme vitamin deficiencies can result in heart failure. American Heart Association.</p> <p>Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.</p>							
K	ER visit rate for congestive heart failure patients (LAPAS CODE - 15453)	460	429	415	415	429	429
<p>A visit to the ER can be defined as a visit for any cause.</p> <p>ER visit rate for congestive heart failure patients is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of ER visits in the past quarter per 1000 patients.</p>							
K	Hospitalization rate related to asthma patients (LAPAS CODE - 15454)	47	33	38	38	33	33



## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
	<p>Asthma affects 12-15 million Americans, including approximately 10%-12% of children under the age of 18. Asthma may occur at any age, although it's more common in younger individuals (under the age of 40). Asthma is a disease of the bronchial tubes, or airways of the lungs, characterized by tightening of these airways. During normal breathing, the bands of muscle that surround the airways are relaxed, and air moves freely. In people with asthma, allergy causing substances and environmental triggers make the bands of muscle surrounding the airways tighten, and air can not move freely. Less air causes a person to feel short of breath, and the air moving through the tightened airways causes a whistling sound known as wheezing. People with asthma have red and swollen bronchial tubes. The inflammation is thought to contribute greatly to the long term damage that asthma can cause to the lungs. Treating this inflammation is key to managing asthma in the long run. Definition-The Cleveland Clinic Department of Allergy and Immunology.</p> <p>Hospitalization days related to asthma patients is calculated by taking the number of admissions in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of admits for any reason in the past quarter per 1000 asthma patients.</p>						
K	ER visit rate for asthma patients (LAPAS CODE - 15455)	531	622	572	572	622	622
	<p>ER visit rate for asthma patient is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of ER visits in the past quarter per 1000 asthma patients.</p>						
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	40%	45%	52%	52%	45%	45%
	<p>Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association &amp; the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.</p> <p>Percentage of Diabetics with current A1C &lt;= 7 is calculated by taking the number of diabetics with current HbA1c &lt;= 7 and dividing that by the number of diabetics with current HbA1c.</p>						
K	Hospitalization rate related to HIV patients (LAPAS CODE - 15457)	63	34	73	73	34	34
	<p>HIV is the virus that causes acquired immune deficiency syndrome. This virus kills the blood cell the CD4T lymphocyte, or T cell. The T cells are the quarterback of the immune system. As they die off the body becomes more and more vulnerable to other diseases. Definition-JAMA HIV/AIDS Information Center.</p> <p>Hospitalization days related to HIV patients is calculated by taking the number of admissions in the past 3 months times 1000 and dividing that by the number in the HIV population. The indicator definition is number of admissions in the past quarter for any reason per 1000 HIV patients in the population.</p>						



## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005

K Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)

Percentage of woman  $\geq 40$  years of age with mammogram in the past year is calculated by taking the number of women  $\geq 40$  years of age with a mammogram in the past year and dividing that by the number of women in the population.

K Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)

The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists(ACOG) Resource Center.

Percentage of Women  $\geq 18$  years of age with a pap smear in the past year is calculated by taking the number of women  $\geq 18$  years of age with a pap smear in the past year and dividing that by the number of women in the population  $\geq 18$  years of age.

## 610\_7000 — Lallie Kemp Regional Medical Center

Program Authorization: R.S.17:1519-R.S.17:1519.15

### Program Description

The mission of the Lallie Kemp Regional Medical Center is to:

- To provide access to high quality medical care to residents of Louisiana, regardless of income or insurance coverage, and at a level of care appropriate to their medical needs.
- To maintain facility environments conducive to quality, accredited residency and other health education programs and work cooperatively with Louisiana medical schools and other health education institutions to afford the maximum opportunity for clinical training in the hospitals.
- To minimize the cost to the State of providing health care to the uninsured by operating its hospitals efficiently, cost effectively, and in accordance with the standards of the hospital industry, and by maintaining a base of patients with third party support, particularly Medicaid.
- To work cooperatively with other health care programs, providers and groups at the state and community levels in order to maximize the health care resources available to all the citizens of Louisiana.

The goals of Lallie Kemp Regional Medical Center are:

- I. Prevention: Health care effectiveness with an emphasis on preventive and primary care.
- II. Partnership: Integrated health delivery network with internal and external community partners.
- III. Performance: Improved management information systems and fiscal accountability.

For additional information, see:

[Lallie Kemp Regional Medical Center](#)

### Lallie Kemp Regional Medical Center Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 514,329	\$ 664,334	\$ 664,334	\$ 615,748	\$ 664,334	\$ 0
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	103,191	0	0	0	0	0



## Lallie Kemp Regional Medical Center Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
<b>Total Means of Financing</b>	\$ 617,520	\$ 664,334	\$ 664,334	\$ 615,748	\$ 664,334	\$ 0
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	617,520	664,334	664,334	615,748	664,334	0
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	\$ 617,520	\$ 664,334	\$ 664,334	\$ 615,748	\$ 664,334	\$ 0
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	0	0	0	0	0	0

## Source of Funding

The source of funding for this program is State General Fund (Direct).

## Lallie Kemp Regional Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Louisiana Fund	\$ 103,191	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 664,334	\$ 664,334	0	Existing Oper Budget as of 12/02/03
Statewide Major Financial Changes:			



## Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
<b>Non-Statewide Major Financial Changes:</b>			
\$ 664,334	\$ 664,334	0	<b>Recommended FY 2004-2005</b>
\$ 0	\$ 0	0	<b>Less Governor's Supplementary Recommendations</b>
\$ 664,334	\$ 664,334	0	<b>Base Executive Budget FY 2004-2005</b>
\$ 664,334	\$ 664,334	0	<b>Grand Total Recommended</b>

## Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2004-2005

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$514,329	Prisioner Care
\$150,005	Disease Manangement
<b>\$664,334</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
	There is no specific allocation for Interagency Transfers for Fiscal Year 2004-2005
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$664,334</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2004-2005



## Performance Information

- 1. (KEY) To operate consistently with HCSD's dual mission to provide quality medical care while serving as the state's classroom for medical and clinical education. To continue to provide professional, quality, acute general medical and specialty services in the hospital and maintain the average length of stay of 4.6 days for patients admitted into the hospital.**

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 3-Performance-To improve clinical, management and fiscal information systems, thereby providing for accountability and positive outcomes

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services.

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Explanatory Note: Lallie Kemp is classified for comparative purposes as a non teaching facility. However, the facility does participate in clinical rotations for nursing students

### Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
S	Number of staffed beds (LAPAS CODE - 9806)	34	28	28	25	25	28
Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit. ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.							
K	Average daily census (LAPAS CODE - 9807)	24	21	22	23	23	18
In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.							
K	Emergency department visits (LAPAS CODE - 5854)	28,682	30,584	31,152	32,000	32,000	30,089
An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.							
K	Total outpatient encounters (LAPAS CODE - 9809)	104,047	117,761	121,588	120,000	120,000	118,370



## Performance Indicators (Continued)

Level	Performance Indicator Values						
		Yearend Performance	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
	Performance Indicator Name	Standard FY 2002-2003	Performance FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005
Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.							
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.							
K	FTE staff per patient (per adjusted discharge) (LAPAS CODE - 9811)	8	9	8	7	9	9
Productivity and efficiency in a hospital are often evaluated primarily by the number of full time equivalent(FTE)personnel per adjusted discharges. Lower staffing levels are viewed as favorable since salary and benefits expense is usually the largest single category expense of the hospital. This performance standard is the total number of full time equivalent personnel divided by the umber of adjusted discharges, multiplied by 100. FTE's exclude contract and civil service physicians. FTE/AD: AD is total discharges multiplied by the adjustment factor. the adjustment factor is gross patients revenue/gross inpatient acute care revenue. The comparative performance of U.S. Hospitals, The Sourcebook, 2002.							
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	5	5	5	4	4	4
Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.							
K	Cost per adjusted discharge (LAPAS CODE - 9813)	\$ 6,179	\$ 6,777	\$ 5,740	\$ 4,776	\$ 6,777	\$ 6,777
This indicator is the total operating expenses of a hospital divided by the number of adjusted discharges from the hospital's number of acute care discharges by its adjustment factor. An adjustment factor is calculated as the ratio of gross inpatient acute care revenue. The adjustment factor is used to transform all of the hospital's revenue generating activities, including inpatient acute care services, inpatient non acute care services, and outpatient services, into units expressed in terms of inpatient acute care services. The transformation is applied by multiplying the adjustment factor times a measure of inpatient acute care output,e.g. discharges or inpatient days of care. Costs per adjusted discharge measures the amount of expenses per unit of hospital utilization. The Comprehensive Performance of U.S. Hospitals-The Sourcebook,2002. There is great diversity in the level and volume of services provided at medical centers. There is a cost differential inherent in the proportion of primary(non-emergent outpatient care) and secondary services(inpatient services) provided by a hospital. Tertiary services, such as the advanced trauma services provided at MCLNO, for example, add another level of costs that need to be factored in the comparison. Furthermore, six of the eight hospitals under HCSD operation are providing a hospital-based education, which must also be considered when comparisons for cost per adjusted discharge are made. These factors impact the cost per adjusted discharge and the number of employees per adjusted discharge. Each Hospital in the HCSD system should be compared to groups in the nation which are as closely similar as possible to get a sense of how well each hospital is functioning. The HCIA 2002 Sourcebook states the median cost per adjusted discharge for 'minor' teaching hospitals is \$6679. Note the HCIA Sourcebook reflects a standard for 2000, which was adjusted by the medical care inflation rate of 4.6% for 2001, a medical care inflation rate of 4.7% for 2002 and a medical inflation rate of 4.3% to bring the 2003 adjusted CAD to \$1,177,779.							



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
K	Percentage of Readmissions (LAPAS CODE - 9814)	11%	8%	9%	9%	9%	9%
Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.							
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	85%	89%	90%	90%	90%	90%
The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.							

**2. (KEY) To ensure health care effectiveness with an emphasis on preventive and primary care and continue the development of and increased participation in the current disease management initiatives (diabetes, asthma, cancer, congestive heart failure and HIV) with the expansion of significant per patient improved health outcomes attributed to prevention of complications associated with these conditions and avoiding higher per patient acute care costs.**

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 1-Objective 1.1-Continue the system wide development of and increased participation in the current disease management initiatives(diabetes, asthma, cancer, congestive heart failure and HIV) with the expectation of significant per patient cost avoidance attributed to prevention of complications associated with these conditions

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable





## Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	305	179	210	210	179	179
<p>Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients.</p> <p>When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term"failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term"congestive heart failure"(CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hypertension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves(particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure. American Heart Association.</p> <p>Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.</p>							
K	ER visit rate for congestive heart failure patients (LAPAS CODE - 15453)	349	290	330	330	290	290
<p>A visit to the ER can be defined as a visit for any cause.</p> <p>ER visit rate for congestive heart failure patients is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of ER visits in the past quarter per 1000 patients.</p>							
K	Hospitalization rate related to asthma patients (LAPAS CODE - 15454)	74	46	64	64	46	46
<p>Asthma affects 12-15 million Americans, including approximately 10%-12% of children under the age of 18. Asthma may occur at any age, although it's more common in younger individuals(under the age of 40). Asthma is a disease of the bronchial tubes, or airways of the lungs, characterized by tightening of these airways. During normal breathing, the bands of muscle that surround the airways are relaxed, and air moves freely. In people with asthma, allergy causing substances and environmental triggers make the bands of muscle surrounding the airways tighten, and air can not move freely. Less air causes a person to feel short of breath, and the air moving through the tightened airways causes a whistling sound known as wheezing. People with asthma have red and swollen bronchial tubes. The inflammation is thought to contribute greatly to the long term damage that asthma can cause to the lungs. Treating this inflammation is key to managing asthma in the long run. Definition-The Cleveland Clinic Department of Allergy and Immunology.</p> <p>Hospitalization days related to asthma patients is calculated by taking the number of admissions in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of admits for any reason in the past quarter per 1000 asthma patients.</p>							
K	ER visit rate for asthma patients (LAPAS CODE - 15455)	450	376	452	452	376	376
<p>ER visit rate for asthma patient is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of ER visits in the past quarter per 1000 asthma patients.</p>							
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	40%	49%	55%	55%	49%	49%



## Performance Indicators (Continued)

L e v e l	Performance Indicator Values						
	Performance Indicator Name	Yearend	Actual Yearend	Performance	Existing	Performance At	Performance
		Performance	Performance	Standard as	Performance	Continuation	At Executive
		Standard	Performance	Initially	Standard	Budget Level	Budget Level
		FY 2002-2003	FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005

Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.

Percentage of Diabetics with current A1C  $\leq 7$  is calculated by taking the number of diabetics with current HbA1c  $\leq 7$  and dividing that by the number of diabetics with current HbA1c.

K Hospitalization rate related to HIV patients (LAPAS CODE - 15457)	64	97	87	87	97	97
---	----	----	----	----	----	----

HIV is the virus that causes acquired immune deficiency syndrome. This virus kills the blood cell the CD4T lymphocyte, or T cell. The T cells are the quarterback of the immune system. As they die off the body becomes more and more vulnerable to other diseases. Definition-JAMA HIV/AIDS Information Center.

Hospitalization days related to HIV patients is calculated by taking the number of admissions in the past 3 months times 1000 and dividing that by the number in the HIV population. The indicator definition is number of admissions in the past quarter for any reason per 1000 HIV patients in the population.

K Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	27%	32%	28%	28%	32%	32%
--	-----	-----	-----	-----	-----	-----

Percentage of woman  $\geq 40$  years of age with mammogram in the past year is calculated by taking the number of women  $\geq 40$  years of age with a mammogram in the past year and dividing that by the number of women in the population.

K Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	25%	25%	27%	27%	25%	25%
---	-----	-----	-----	-----	-----	-----

The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists (ACOG) Resource Center

Percentage of Women  $\geq 18$  years of age with a pap smear in the past year is calculated by taking the number of women  $\geq 18$  years of age with a pap smear in the past year and dividing that by the number of women in the population  $\geq 18$  years of age.



## 610\_8000 — Washington-St Tammany Regional Medical Center

Program Authorization: R.S.17:1519-R.S.17:1519.15

### Program Description

The mission of the Washington-St. Tammany Regional Medical Center is:

- To provide access to high quality medical care to residents of Louisiana, regardless of income or insurance coverage, and at a level of care appropriate to their medical needs.
- To maintain facility environments conducive to quality, accredited residency and other health education programs and work cooperatively with Louisiana medical schools and other health education institutions to afford the maximum opportunity for clinical training in the hospitals.
- To minimize the cost to the State of providing health care to the uninsured by operating its hospitals efficiently, cost effectively, and in accordance with the standards of the hospital industry, and by maintaining a base of patients with third party support, particularly Medicaid.
- To work cooperatively with other health care programs, providers and groups at the state and community levels in order to maximize the health care resources available to all the citizens of Louisiana.

The goals of Washington-St. Tammany Regional Medical Center are:

- I. Prevention: Health care effectiveness with an emphasis on preventive and primary care.
- II. Partnership: Integrated health delivery network with internal and external community partners.
- III. Performance: Improved management information systems and fiscal accountability.

For additional information, see:

[Washington-St Tammany Regional Medical Center](#)

### Washington-St Tammany Regional Medical Center Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 427,974	\$ 534,163	\$ 534,163	\$ 756,650	\$ 534,163	\$ 0
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	88,025	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0



## Washington-St Tammany Regional Medical Center Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Federal Funds	0	0	0	0	0	0
<b>Total Means of Financing</b>	\$ 515,999	\$ 534,163	\$ 534,163	\$ 756,650	\$ 534,163	\$ 0
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	515,999	534,163	534,163	756,650	534,163	0
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	\$ 515,999	\$ 534,163	\$ 534,163	\$ 756,650	\$ 534,163	\$ 0
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	0	0	0	0	0	0

## Source of Funding

The source of funding for this program is State General Fund (Direct).

## Washington-St Tammany Regional Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Louisiana Fund	\$ 88,025	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 534,163	\$ 534,163	0	Existing Oper Budget as of 12/02/03
Statewide Major Financial Changes:			



## Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
<b>Non-Statewide Major Financial Changes:</b>			
\$ 534,163	\$ 534,163	0	<b>Recommended FY 2004-2005</b>
\$ 0	\$ 0	0	<b>Less Governor's Supplementary Recommendations</b>
\$ 534,163	\$ 534,163	0	<b>Base Executive Budget FY 2004-2005</b>
\$ 534,163	\$ 534,163	0	<b>Grand Total Recommended</b>

## Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2004-2005

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$427,974	Prisoner Care
\$106,189	Disease Manangement
<b>\$534,163</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
	There is no specific allocation for Interagency Transfers for Fiscal Year 2004-2005
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$534,163</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2004-2005

## Performance Information

**1. (KEY) To operate consistently with HCSD's dual mission to provide quality medical care while serving as the state's classroom for medical and clinical education. To continue to provide professional, quality, acute general medical and specialty services in the hospital and maintain the average length of stay of 6.0 days for patients admitted into the hospital.**

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 3-Performance-To improve clinical, management and fiscal information systems, thereby providing for accountability and positive outcomes

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Explanatory Notes: Bogalusa Medical Center (formerly Washington St. Tammy Regional Medical Center) is classified for comparative purposes as a non teaching facility. However, the facility does participate in clinical rotations for nursing students

## Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
S	Number of staffed beds (LAPAS CODE - 9806)	82	66	82	66	66	66
Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.							
K	Average daily census (LAPAS CODE - 9807)	20	53	53	53	53	55
In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.							
K	Emergency department visits (LAPAS CODE - 5854)	19,808	30,075	29,734	30,000	30,000	29,585



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Values						
	Performance Indicator Name	Yearend	Actual Yearend	Performance	Existing	Performance At	Performance
		Performance	Performance	Standard as	Performance	Continuation	At Executive
		Standard	Performance	Initially	Standard	Budget Level	Budget Level
		FY 2002-2003	FY 2002-2003	Appropriated FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005

An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.

K	Total outpatient encounters (LAPAS CODE - 9809)	46,397	72,876	65,104	65,000	65,000	73,886
---	---	--------	--------	--------	--------	--------	--------

Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.

S	Average length of stay for psychiatric (LAPAS CODE - 15450)	14	14	14	15	15	14
---	---	----	----	----	----	----	----

Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.

K	FTE staff per patient (per adjusted discharge) (LAPAS CODE - 9811)	7	7	7	6	7	7
---	--	---	---	---	---	---	---

Productivity and efficiency in a hospital are often evaluated primarily by the number of full time equivalent(FTE)personnel per adjusted discharges. Lower staffing levels are viewed as favorable since salary and benefits expense is usually the largest single category expense of the hospital. This performance standard is the total number of full time equivalent personnel divided by the number of adjusted discharges, multiplied by 100. FTE's exclude contract and civil service physicians. FTE/AD: AD is total discharges multiplied by the adjustment factor. the adjustment factor is gross patients revenue/gross inpatient acute care revenue. The comparative performance of U.S. Hospitals, The Sourcebook, 2002.

S	Average length of stay for acute medical/surgery (LAPAS CODE - 15454)	3	5	5	5	5	5
---	---	---	---	---	---	---	---

Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.

K	Cost per adjusted discharge (LAPAS CODE - 9813)	\$ 5,849	\$ 5,290	\$ 5,096	\$ 4,396	\$ 5,290	\$ 5,290
---	---	----------	----------	----------	----------	----------	----------





## Performance Indicators (Continued)

L e v e l	Performance Indicator Values						
	Performance Indicator Name	Yearend Performance Standard	Actual Yearend Performance Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2002-2003	FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005
	<p>This indicator is the total operating expenses of a hospital divided by the number of adjusted discharges from the hospital's number of acute care discharges by its adjustment factor. An adjustment factor is calculated as the ratio of gross inpatient acute care revenue. The adjustment factor is used to transform all of the hospital's revenue generating activities, including inpatient acute care services, inpatient non acute care services, and outpatient services, into units expressed in terms of inpatient acute care services. The transformation is applied by multiplying the adjustment factor times a measure of inpatient acute care output,e.g. discharges or inpatient days of care. Costs per adjusted discharge measures the amount of expenses per unit of hospital utilization. The Comprehensive Performance of U.S. Hospitals-The Sourcebook,2002.</p> <p>There is great diversity in the level and volume of services provided at medical centers. There is a cost differential inherent in the proportion of primary(non-emergent outpatient care) and secondary services(inpatient services) provided by a hospital. Tertiary services, such as the advanced trauma services provided at MCLNO, for example, add another level of costs that need to be factored in the comparison. Furthermore, six of the eight hospitals under HCSD operation are providing a hospital-based education, which must also be considered when comparisons for cost per adjusted discharge are made. These factors impact the cost per adjusted discharge and the number of employees per adjusted discharge. Each Hospital in the HCSD system should be compared to groups in the nation which are as closely similar as possible to get a sense of how well each hospital is functioning.</p> <p>The HCIA 2002 Sourcebook states the median cost per adjusted discharge for 'minor' teaching hospitals is \$6679. Note the HCIA Sourcebook reflects a standard for 2000, which was adjusted by the medical care inflation rate of 4.6% for 2001, a medical care inflation rate of 4.7% for 2002 and a medical inflation rate of 4.3% to bring the 2003 adjusted CAD to \$1,177,779.</p>						
K	Percentage of Readmissions (LAPAS CODE - 9814)	11%	5%	9%	9%	9%	9%
	<p>Readmission is defined as total readmissions for any cause of diagnoses occurring with 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.</p>						
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	85%	84%	93%	93%	93%	93%
	<p>The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03,"Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.</p>						

## 2. (KEY) To ensure health care effectiveness with an emphasis on preventive and primary care and continue the development of and increased participation in the current disease management initiatives (diabetes, asthma, cancer, congestive heart failure and HIV) with the expansion of significant per patient improved health outcomes attributed to prevention of complications associated with these conditions and avoiding higher per patient acute care costs.

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 1-Objective 1.1-Continue the system wide development of and increased participation in the current disease management initiatives(diabetes, asthma, cancer, congestive heart failure and HIV) with the expectation of significant per patient cost avoidance attributed to prevention of complications associated with these conditions

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3



Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

### Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2002-2003	FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	282	0	209	209	179	179
<p>Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure" (CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hypertension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves (particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure. American Heart Association.</p> <p>Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.</p> <p>Due to the hospital merger actual year end performance for FY2003-2003 for the following disease management indicators: hospitalization rates related to congestive heart failure, asthma and HIV patients and ER visit rates for congestive heart failure, asthma and % of women 40 years of age or older receiving mammogram testing in the past year was not available and not reported for said period.</p>							
K	ER visit rate for congestive heart failure patients (LAPAS CODE - 15453)	504	0	403	403	290	290
<p>A visit to the ER can be defined as a visit for any cause.</p> <p>ER visit rate for congestive heart failure patients is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of ER visits in the past quarter per 1000 patients.</p> <p>Due to the hospital merger actual year end performance for FY2003-2003 for the following disease management indicators: hospitalization rates related to congestive heart failure, asthma and HIV patients and ER visit rates for congestive heart failure, asthma and % of women 40 years of age or older receiving mammogram testing in the past year was not available and not reported for said period.</p>							
K	Hospitalization rate related to asthma patients (LAPAS CODE - 15454)	58	0	84	84	46	46

## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
	<p>Asthma affects 12-15 million Americans, including approximately 10%-12% of children under the age of 18. Asthma may occur at any age, although it's more common in younger individuals (under the age of 40). Asthma is a disease of the bronchial tubes, or airways of the lungs, characterized by tightening of these airways. During normal breathing, the bands of muscle that surround the airways are relaxed, and air moves freely. In people with asthma, allergy causing substances and environmental triggers make the bands of muscle surrounding the airways tighten, and air can not move freely. Less air causes a person to feel short of breath, and the air moving through the tightened airways causes a whistling sound known as wheezing. People with asthma have red and swollen bronchial tubes. The inflammation is thought to contribute greatly to the long term damage that asthma can cause to the lungs. Treating this inflammation is key to managing asthma in the long run. Definition-The Cleveland Clinic Department of Allergy and Immunology.</p> <p>Hospitalization days related to asthma patients is calculated by taking the number of admissions in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of admits for any reason in the past quarter per 1000 asthma patients.</p> <p>Due to the hospital merger actual year end performance for FY2003-2003 for the following disease management indicators: hospitalization rates related to congestive heart failure, asthma and HIV patients and ER visit rates for congestive heart failure, asthma and % of women 40 years of age or older receiving mammogram testing in the past year was not available and not reported for said period.</p>						
K	ER visit rate for asthma patients (LAPAS CODE - 15455)	686	0	749	749	376	376
	<p>ER visit rate for asthma patient is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of ER visits in the past quarter per 1000 asthma patients.</p> <p>Due to the hospital merger actual year end performance for FY2003-2003 for the following disease management indicators: hospitalization rates related to congestive heart failure, asthma and HIV patients and ER visit rates for congestive heart failure, asthma and % of women 40 years of age or older receiving mammogram testing in the past year was not available and not reported for said period.</p>						
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	40%	44%	49%	49%	44%	44%
	<p>Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association &amp; the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.</p> <p>Percentage of Diabetics with current A1C &lt;= 7 is calculated by taking the number of diabetics with current HbA1c &lt;= 7 and dividing that by the number of diabetics with current HbA1c.</p>						
K	Hospitalization rate related to HIV patients (LAPAS CODE - 15457)	102	0	55	55	97	97



## Performance Indicators (Continued)

L e v e l	Performance Indicator Values						
	Performance Indicator Name	Yearend	Actual Yearend Performance FY 2002-2003	Performance	Existing	Performance At	Performance
		Performance		Standard as	Performance	Continuation	At Executive
		Standard FY 2002-2003		Initially Appropriated FY 2003-2004	Standard FY 2003-2004	Budget Level FY 2004-2005	Budget Level FY 2004-2005
<p>HIV is the virus that causes acquired immune deficiency syndrome. This virus kills the blood cell the CD4T lymphocyte, or T cell. The T cells are the quarterback of the immune system. As they die off the body becomes more and more vulnerable to other diseases. Definition-JAMA HIV/AIDS Information Center.</p> <p>Hospitalization days related to HIV patients is calculated by taking the number of admissions in the past 3 months times 1000 and dividing that by the number in the HIV population. The indicator definition is number of admissions in the past quarter for any reason per 1000 HIV patients in the population.</p> <p>Due to the hospital merger actual year end performance for FY2003-2003 for the following disease management indicators: hospitalization rates related to congestive heart failure, asthma and HIV patients and ER visit rates for congestive heart failure, asthma and % of women 40 years of age or older receiving mammogram testing in the past year was not available and not reported for said period.</p>							
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	3%	0	3%	3%	32%	32%
<p>Percentage of woman &gt;=40 years of age with mammogram in the past year is calculated by taking the number of women&gt;=40 years of age with a mammogram in the past year and dividing that by the number of women in the population.</p> <p>Due to the hospital merger actual year end performance for FY2003-2003 for the following disease management indicators: hospitalization rates related to congestive heart failure, asthma and HIV patients and ER visit rates for congestive heart failure, asthma and % of women 40 years of age or older receiving mammogram testing in the past year was not available and not reported for said period.</p>							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	30%	22%	29%	29%	22%	22%
<p>The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists(ACOG) Resource Center.</p> <p>Percentage of Women &gt;= 18 years of age with a pap smear in the past year is calculated by taking the number of women&gt;=18 years of age with a pap smear in the past year and dividing that by the number of women in the population&gt;=18years of age.</p>							



## 610\_9000 — Leonard J Chabert Medical Center

Program Authorization: R.S.17:1519-R.S.17:1519.15

### Program Description

The mission of the Leonard J. Chabert Medical Center is:

- To provide access to high quality medical care to residents of Louisiana, regardless of income or insurance coverage, and at a level of care appropriate to their medical needs.
- To maintain facility environments conducive to quality, accredited residency and other health education programs and work cooperatively with Louisiana medical schools and other health education institutions to afford the maximum opportunity for clinical training in the hospitals.
- To minimize the cost to the State of providing health care to the uninsured by operating its hospitals efficiently, cost effectively, and in accordance with the standards of the hospital industry, and by maintaining a base of patients with third party support, particularly Medicaid.
- To work cooperatively with other health care programs, providers and groups at the state and community levels in order to maximize the health care resources available to all the citizens of Louisiana.

The goals of Leonard J. Chabert Medical Center are:

- I. Prevention: Health care effectiveness with an emphasis on preventive and primary care.
- II. Partnership: Integrated health delivery network with internal and external community partners.
- III. Performance: Improved management information systems and fiscal accountability.

For additional information, see:

[Leonard J Chabert Medical Center](#)

### Leonard J Chabert Medical Center Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 487,128	\$ 602,717	\$ 602,717	\$ 748,208	\$ 602,717	\$ 0
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	113,501	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0



## Leonard J Chabert Medical Center Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Federal Funds	0	0	0	0	0	0
<b>Total Means of Financing</b>	\$ 600,629	\$ 602,717	\$ 602,717	\$ 748,208	\$ 602,717	\$ 0
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	600,629	602,717	602,717	748,208	602,717	0
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	\$ 600,629	\$ 602,717	\$ 602,717	\$ 748,208	\$ 602,717	\$ 0
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	0	0	0	0	0	0

## Source of Funding

The source of funding for this program is State General Fund (Direct).

## Leonard J Chabert Medical Center Statutory Dedications

Fund	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Louisiana Fund	\$ 113,501	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 602,717	\$ 602,717	0	Existing Oper Budget as of 12/02/03
Statewide Major Financial Changes:			



## Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
<b>Non-Statewide Major Financial Changes:</b>			
\$ 602,717	\$ 602,717	0	<b>Recommended FY 2004-2005</b>
\$ 0	\$ 0	0	<b>Less Governor's Supplementary Recommendations</b>
\$ 602,717	\$ 602,717	0	<b>Base Executive Budget FY 2004-2005</b>
\$ 602,717	\$ 602,717	0	<b>Grand Total Recommended</b>

## Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2004-2005

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$487,128	Prisioner Care
\$115,589	Disease Manangement
<b>\$602,717</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
	There is no specific allocation for Interagency Transfers for Fiscal Year 2004-2005
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$602,717</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2004-2005



## Performance Information

- 1. (KEY) To operate consistently with HCSD's dual mission to provide quality medical care while serving as the state's classroom for medical and clinical education. To continue to provide professional, quality, acute general medical and specialty services in the hospital and maintain the average length of stay of 4.7 days for patients admitted into the hospital.**

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 3-Performance-To improve clinical, management and fiscal information systems, thereby providing for accountability and positive outcomes

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Explanatory Note: Leonard J. Chabert is a "minor" teaching facility

## Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
S	Number of staffed beds (LAPAS CODE - 9806)	73	77	83	74	74	83
Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit. ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.							
K	Average daily census (LAPAS CODE - 9807)	68	76	72	73	73	69
In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.							
K	Emergency department visits (LAPAS CODE - 5854)	44,111	55,975	53,497	53,909	53,909	49,042
An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.							
K	Total outpatient encounters (LAPAS CODE - 9809)	152,500	170,114	172,025	163,837	163,837	167,047





## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005

Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.

S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	5	5	5	14	14	6
---	--	---	---	---	----	----	---

Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.

K	FTE staff per patient (per adjusted discharge) (LAPAS CODE - 9811)	8	7	8	7	7	7
---	--	---	---	---	---	---	---

Productivity and efficiency in a hospital are often evaluated primarily by the number of full time equivalent(FTE)personnel per adjusted discharges. Lower staffing levels are viewed as favorable since salary and benefits expense is usually the largest single category expense of the hospital. This performance standard is the total number of full time equivalent personnel divided by the number of adjusted discharges, multiplied by 100. FTE's exclude contract and civil service physicians. FTE/AD: AD is total discharges multiplied by the adjustment factor. the adjustment factor is gross patients revenue/gross inpatient acute care revenue. The comparative performance of U.S. Hospitals, The Sourcebook, 2002.

S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	5	4	4	5	5	5
---	--	---	---	---	---	---	---

Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.

K	Cost per adjusted discharge (LAPAS CODE - 9813)	\$ 6,391	\$ 5,460	\$ 5,516	\$ 5,419	\$ 5,460	\$ 5,460
---	---	----------	----------	----------	----------	----------	----------

This indicator is the total operating expenses of a hospital divided by the number of adjusted discharges from the hospital's number of acute care discharges by its adjustment factor. An adjustment factor is calculated as the ratio of gross inpatient acute care revenue. The adjustment factor is used to transform all of the hospital's revenue generating activities, including inpatient acute care services, inpatient non acute care services, and outpatient services, into units expressed in terms of inpatient acute care services. The transformation is applied by multiplying the adjustment factor times a measure of inpatient acute care output,e.g. discharges or inpatient days of care. Costs per adjusted discharge measures the amount of expenses per unit of hospital utilization. The Comprehensive Performance of U.S. Hospitals-The Sourcebook,2002.

There is great diversity in the level and volume of services provided at medical centers. There is a cost differential inherent in the proportion of primary(non-emergent outpatient care) and secondary services(inpatient services) provided by a hospital. Tertiary services, such as the advanced trauma services provided at MCLNO, for example, add another level of costs that need to be factored in the comparison. Furthermore, six of the eight hospitals under HCSD operation are providing a hospital-based education, which must also be considered when comparisons for cost per adjusted discharge are made. These factors impact the cost per adjusted discharge and the number of employees per adjusted discharge. Each Hospital in the HCSD system should be compared to groups in the nation which are as closely similar as possible to get a sense of how well each hospital is functioning.

The HCIA 2002 Sourcebook states the median cost per adjusted discharge for 'minor' teaching hospitals is \$6679. Note the HCIA Sourcebook reflects a standard for 2000, which was adjusted by the medical care inflation rate of 4.6% for 2001, a medical care inflation rate of 4.7% for 2002 and a medical inflation rate of 4.3% to bring the 2003 adjusted CAD to \$1,177,779.



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values				
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005
K	Percentage of Readmissions (LAPAS CODE - 9814)	11%	10%	10%	10%	10%
Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units. Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.						
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	85%	92%	92%	92%	92%
The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.						

**2. (KEY) To ensure health care effectiveness with an emphasis on preventive and primary care and continue the development of and increased participation in the current disease management initiatives (diabetes, asthma, cancer, congestive heart failure and HIV) with the expansion of significant per patient improved health outcomes attributed to prevention of complications associated with these conditions and avoiding higher per patient acute care costs.**

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 1-Objective 1.1-Continue the system wide development of and increased participation in the current disease management initiatives(diabetes, asthma, cancer, congestive heart failure and HIV) with the expectation of significant per patient cost avoidance attributed to prevention of complications associated with these conditions

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



## Performance Indicators

L e v e l	Performance Indicator Values						
	Performance Indicator Name	Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2002-2003	FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	207	233	161	161	233	233
<p>Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients.</p> <p>When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term"failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term"congestive heart failure"(CHF) is often synomous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hyper tension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves(particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure. American Heart Association.</p> <p>Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.</p>							
K	ER visit rate for congestive heart failure patients (LAPAS CODE - 15453)	308	288	333	333	288	288
<p>A visit to the ER can be defined as a visit for any cause.</p> <p>ER visit rate for congestive heart failure patients is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of ER visits in the past quarter per 1000 patients.</p>							
K	Hospitalization rate related to asthma patients (LAPAS CODE - 15454)	92	64	78	78	64	64
<p>Asthma affects 12-15 million Americans, including approximately 10%-12% of children under the age of 18. Asthma may occur at any age, although it's more common in younger individuals(under the age of 40). Asthma is a disease of the bronchial tubes, or airways of the lungs, characterized by tightening of these airways. During normal breathing, the bands of muscle that surround the airways are relaxed, and air moves freely. In people with asthma, allergy causing substances and environmental triggers make the bands of muscle surrounding the airways tighten, and air can not move freely. Less air causes a person to feel short of breath, and the air moving through the tightened airways causes a whistling sound known as wheezing. People with asthma have red and swollen bronchial tubes. The inflammation is thought to contribute greatly to the long term damage that asthma can cause to the lungs. Treating this inflammation is key to managing asthma in the long run. Definition-The Cleveland Clinic Department of Allergy and Immunology.</p> <p>Hospitalization days related to asthma patients is calculated by taking the number of admissions in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of admits for any reason in the past quarter per 1000 asthma patients.</p>							
K	ER visit rate for asthma patients (LAPAS CODE - 15455)	358	440	392	392	440	440
<p>ER visit rate for asthma patient is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of ER visits in the past quarter per 1000 asthma patients.</p>							
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	40%	48%	53%	53%	48%	48%



## Performance Indicators (Continued)

L e v e l	Performance Indicator Values					
	Performance Indicator Name	Yearend	Actual Yearend Performance FY 2002-2003	Performance	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005
		Performance		Standard as		
		Standard FY 2002-2003		Initially Appropriated FY 2003-2004		

Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.

Percentage of Diabetics with current A1C  $\leq 7$  is calculated by taking the number of diabetics with current HbA1c  $\leq 7$  and dividing that by the number of diabetics with current HbA1c.

K Hospitalization rate related to HIV patients (LAPAS CODE - 15457)	133	101	136	136	101	101
---	-----	-----	-----	-----	-----	-----

HIV is the virus that causes acquired immune deficiency syndrome. This virus kills the blood cell the CD4T lymphocyte, or T cell. The T cells are the quarterback of the immune system. As they die off the body becomes more and more vulnerable to other diseases. Definition-JAMA HIV/AIDS Information Center.

Hospitalization days related to HIV patients is calculated by taking the number of admissions in the past 3 months times 1000 and dividing that by the number in the HIV population. The indicator definition is number of admissions in the past quarter for any reason per 1000 HIV patients in the population.

K Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	43%	46%	46%	46%	46%	46%
--	-----	-----	-----	-----	-----	-----

Percentage of woman  $\geq 40$  years of age with mammogram in the past year is calculated by taking the number of women  $\geq 40$  years of age with a mammogram in the past year and dividing that by the number of women in the population.

K Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	38%	36%	39%	39%	36%	36%
---	-----	-----	-----	-----	-----	-----

The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists (ACOG) Resource Center

Percentage of Women  $\geq 18$  years of age with a pap smear in the past year is calculated by taking the number of women  $\geq 18$  years of age with a pap smear in the past year and dividing that by the number of women in the population  $\geq 18$  years of age.

## 610\_10A0 — Charity Hospital & Medical Center of Louisiana

Program Authorization: R.S.17:1519-R.S.17:1519.15

### Program Description

The mission of Medical Center of Louisiana at New Orleans and University Hospital is:

- To provide access to high quality medical care to residents of Louisiana, regardless of income or insurance coverage, and at a level of care appropriate to their medical needs.
- To maintain facility environments conducive to quality, accredited residency and other health education programs and work cooperatively with Louisiana medical schools and other health education institutions to afford the maximum opportunity for clinical training in the hospitals.
- To minimize the cost to the State of providing health care to the uninsured by operating its hospitals efficiently, cost effectively, and in accordance with the standards of the hospital industry, and by maintaining a base of patients with third party support, particularly Medicaid.
- To work cooperatively with other health care programs, providers and groups at the state and community levels in order to maximize the health care resources available to all the citizens of Louisiana.

The goals of Medical Center of Louisiana at New Orleans (MCLNO) and University Hospital are:

- I. Prevention: Health care effectiveness with an emphasis on preventive and primary care.
- II. Partnership: Integrated health delivery network with internal and external community partners.
- III. Performance: Improved management information systems and fiscal accountability.

For additional information, see:

[Charity Hospital & Medical Center of Louisiana](#)

### Charity Hospital & Medical Center of Louisiana Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
<b>Means of Financing:</b>						
State General Fund (Direct)	\$ 13,794,743	\$ 15,090,654	\$ 15,090,654	\$ 17,994,009	\$ 14,848,704	\$ (241,950)
<b>State General Fund by:</b>						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	728,498	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0



## Charity Hospital & Medical Center of Louisiana Budget Summary

	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Federal Funds	0	0	0	0	0	0
<b>Total Means of Financing</b>	\$ 14,523,241	\$ 15,090,654	\$ 15,090,654	\$ 17,994,009	\$ 14,848,704	\$ (241,950)
<b>Expenditures &amp; Request:</b>						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	14,523,241	15,090,654	15,090,654	17,994,009	14,848,704	(241,950)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
<b>Total Expenditures &amp; Request</b>	\$ 14,523,241	\$ 15,090,654	\$ 15,090,654	\$ 17,994,009	\$ 14,848,704	\$ (241,950)
<b>Authorized Full-Time Equivalents:</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>Total FTEs</b>	0	0	0	0	0	0

## Source of Funding

The source of funding for this program is State General Fund (Direct).

## Charity Hospital & Medical Center of Louisiana Statutory Dedications

Fund	Prior Year Actuals FY 2002-2003	Enacted FY 2003-2004	Existing FY 2003-2004	Continuation FY 2004-2005	Recommended FY 2004-2005	Total Recommended Over/Under EOB
Louisiana Fund	\$ 728,498	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 15,090,654	\$ 15,090,654	0	Existing Oper Budget as of 12/02/03
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			



## Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ (241,950)	\$ (241,950)	0	Transfer of dialysis services from Health Care Services Division (19-610) to Department of Corrections - Dixon Correctional Center (08-409).
\$ 14,848,704	\$ 14,848,704	0	<b>Recommended FY 2004-2005</b>
\$ 0	\$ 0	0	<b>Less Governor's Supplementary Recommendations</b>
\$ 14,848,704	\$ 14,848,704	0	<b>Base Executive Budget FY 2004-2005</b>
\$ 14,848,704	\$ 14,848,704	0	<b>Grand Total Recommended</b>

## Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2004-2005

## Other Charges

Amount	Description
	<b>Other Charges:</b>
\$13,606,412	Prisoner Care
\$1,484,242	Disease Manangement
<b>\$15,090,654</b>	<b>SUB-TOTAL OTHER CHARGES</b>
	<b>Interagency Transfers:</b>
	There is no specific allocation for Interagency Transfers for Fiscal Year 2004-2005
<b>\$0</b>	<b>SUB-TOTAL INTERAGENCY TRANSFERS</b>
<b>\$15,090,654</b>	<b>TOTAL OTHER CHARGES</b>

## Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2004-2005



## Performance Information

- 1. (KEY) To operate consistently with HCSD's dual mission to provide quality medical care while serving as the state's classroom for medical and clinical education. To continue to provide professional, quality, acute general medical and specialty services in the hospital and maintain the average length of stay of 6.2 days for patients admitted into the hospital.**

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 3-Performance-To improve clinical, management and fiscal information systems, thereby providing for accountability and positive outcomes

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Explanatory Note: Charity Hospital and Medical Center of Louisiana at New Orleans is a "major" teaching facility

## Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
S	Number of staffed beds (LAPAS CODE - 9806)	511	565	584	530	530	566
Staffed beds are defined as all adult, pediatric patient, neonatal intensive care unit, ICU and psychiatric beds set up and in service for inpatients on a routine basis. Further more, staffed bed do not include new born bassinets, labor and delivery beds or emergency room beds.							
K	Average daily census (LAPAS CODE - 9807)	401	423	395	396	396	408
In order for average daily census to be meaningful, it be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds(over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data is calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period. Reference American Hospital Association Guide, 2002.							
K	Emergency department visits (LAPAS CODE - 5854)	141,516	148,678	136,525	148,678	148,678	143,064



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
	An emergency room visit is an immediate treatment of an ill or injured person who requires medical or surgical care, usually on an unscheduled basis. The patient must be treated by ER staff/associates to be counted as an ER visit.						
K	Total outpatient encounters (LAPAS CODE - 9809)	439,584	488,668	465,248	451,668	451,668	477,211
	Total outpatient encounters include visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative and educational services on a scheduled basis to ambulatory patients. Emergency room treatment is defined as immediate treatment of ill or injured persons who require medical or surgical care, usually on an unscheduled basis. American Hospital Association Guide 2002.						
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	14	15	14	14	14	15
	Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders and while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by taking the total number of discharge days for psychiatric care divided by the total number of discharges for psychiatric care.						
K	FTE staff per patient (per adjusted discharge) (LAPAS CODE - 9811)	11	11	11	11	11	11
	Productivity and efficiency in a hospital are often evaluated primarily by the number of full time equivalent(FTE)personnel per adjusted discharges. Lower staffing levels are viewed as favorable since salary and benefits expense is usually the largest single category expense of the hospital. This performance standard is the total number of full time equivalent personnel divided by the number of adjusted discharges, multiplied by 100. FTE's exclude contract and civil service physicians. FTE/AD: AD is total discharges multiplied by the adjustment factor. the adjustment factor is gross patients revenue/gross inpatient acute care revenue. The comparative performance of U.S. Hospitals, The Sourcebook, 2002.						
S	Average length of stay for acute medical/surgery inpatients (LAPAS CODE - 15451)	5	5	5	5	5	5
	Acute Care is a type of health care in which a patient is treated for a acute(immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. The Comprehensive Performance of U.S.Hospitals-The Sourcebook 2002.						
K	Cost per adjusted discharge (LAPAS CODE - 9813)	\$ 11,182	\$ 11,146	\$ 10,104	\$ 10,845	\$ 11,146	\$ 11,146



## Performance Indicators (Continued)

Level	Performance Indicator Values						
	Performance Indicator Name	Yearend Performance	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		Standard	Performance				
		FY 2002-2003	FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005

This indicator is the total operating expenses of a hospital divided by the number of adjusted discharges from the hospital's number of acute care discharges by its adjustment factor. An adjustment factor is calculated as the ratio of gross inpatient acute care revenue. The adjustment factor is used to transform all of the hospital's revenue generating activities, including inpatient acute care services, inpatient non acute care services, and outpatient services, into units expressed in terms of inpatient acute care services. The transformation is applied by multiplying the adjustment factor times a measure of inpatient acute care output, e.g. discharges or inpatient days of care. Costs per adjusted discharge measures the amount of expenses per unit of hospital utilization. The Comprehensive Performance of U.S. Hospitals-The Sourcebook, 2002.

There is great diversity in the level and volume of services provided at medical centers. There is a cost differential inherent in the proportion of primary (non-emergent outpatient care) and secondary services (inpatient services) provided by a hospital. Tertiary services, such as the advanced trauma services provided at MCLNO, for example, add another level of costs that need to be factored in the comparison. Furthermore, six of the eight hospitals under HCSD operation are providing a hospital-based education, which must also be considered when comparisons for cost per adjusted discharge are made. These factors impact the cost per adjusted discharge and the number of employees per adjusted discharge. Each Hospital in the HCSD system should be compared to groups in the nation which are as closely similar as possible to get a sense of how well each hospital is functioning.

The HCIA 2002 Sourcebook states the median cost per adjusted discharge for 'minor' teaching hospitals is \$6679. Note the HCIA Sourcebook reflects a standard for 2000, which was adjusted by the medical care inflation rate of 4.6% for 2001, a medical care inflation rate of 4.7% for 2002 and a medical inflation rate of 4.3% to bring the 2003 adjusted CAD to \$1,177,779.

K	Percentage of Readmissions (LAPAS CODE - 9814)	11%	11%	11%	11%	11%	12%
---	--	-----	-----	-----	-----	-----	-----

Readmission is defined as total readmissions for any cause of diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all area of care, including OB. Acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit or psychiatric units.

Excludes admissions for research at MCLNO. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions.

K	Patient satisfaction survey rating (LAPAS CODE - 9815)	85%	86%	89%	89%	89%	89%
---	--	-----	-----	-----	-----	-----	-----

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner to insure statistically valid representation of the past pollution. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. An action plan(s) is reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods" and as noted in the 2003-2004 operation plan, a performance level has been established that is consistent through all facilities and same is noted in this policy.

**2. (KEY) To ensure health care effectiveness with an emphasis on preventive and primary care and continue the development of and increased participation in the current disease management initiatives (diabetes, asthma, cancer, congestive heart failure and HIV) with the expansion of significant per patient improved health outcomes attributed to prevention of complications associated with these conditions and avoiding higher per patient acute care costs.**

Strategic Link: HCSD FY 2002-2007 Strategic Plan-Goal 1-Objective 1.1-Continue the system wide development of and increased participation in the current disease management initiatives(diabetes, asthma, cancer, congestive heart failure and HIV) with the expectation of significant per patient cost avoidance attributed to prevention of complications associated with these conditions

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

### Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	3	395	391	391	395	395
<p>Hospitalization rate is defined as hospitalization for any cause. the values expressed is days per 1000 patients. When a person is diagnosed of heart failure, it does not mean the heart has stopped working, but rather that it is not working as efficiently as it should. In other words, the term "failure" indicated the heart is not pumping effectively enough to meet the body's needs for oxygen rich blood, either during exercise or at rest. The term "congestive heart failure"(CHF) is often synonymous with heart failure but also refers to the state in which decreased heart function is accompanied by a buildup of body fluid in the lungs and elsewhere. The most common cause of congestive heart failure is coronary artery disease-narrowing of the arteries supplying blood to the heart muscle. Heart failure is also associated with untreated hypertension, alcohol abuse and drug abuse at any age. Hyperthyroidism and various abnormalities of the heart valves(particularly aortic and mitral) are among the other disorders that can cause heart failure. In addition, viral or inflammation of the heart or primary heart muscle disease, and in rare instances extreme vitamin deficiencies can result in heart failure. American Heart Association.</p> <p>Hospitalization days related to congestive heart failure by taking the number of admissions of any cause quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.</p>							
K	ER visit rate for congestive heart failure patients (LAPAS CODE - 15453)	3	368	413	413	368	368
<p>A visit to the ER can be defined as a visit for any cause. ER visit rate for congestive heart failure patients is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of ER visits in the past quarter per 1000 patients.</p>							
K	Hospitalization rate related to asthma patients (LAPAS CODE - 15454)	88	91	95	95	91	91



## Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2002-2003	FY 2002-2003	FY 2003-2004	FY 2003-2004	FY 2004-2005	FY 2004-2005

Asthma affects 12-15 million Americans, including approximately 10%-12% of children under the age of 18. Asthma may occur at any age, although it's more common in younger individuals (under the age of 40). Asthma is a disease of the bronchial tubes, or airways of the lungs, characterized by tightening of these airways. During normal breathing, the bands of muscle that surround the airways are relaxed, and air moves freely. In people with asthma, allergy causing substances and environmental triggers make the bands of muscle surrounding the airways tighten, and air can not move freely. Less air causes a person to feel short of breath, and the air moving through the tightened airways causes a whistling sound known as wheezing. People with asthma have red and swollen bronchial tubes. The inflammation is thought to contribute greatly to the long term damage that asthma can cause to the lungs. Treating this inflammation is key to managing asthma in the long run. Definition-The Cleveland Clinic Department of Allergy and Immunology.

Hospitalization days related to asthma patients is calculated by taking the number of admissions in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of admits for any reason in the past quarter per 1000 asthma patients.

K	ER visit rate for asthma patients (LAPAS CODE - 15455)	529	565	475	475	565	565
---	--	-----	-----	-----	-----	-----	-----

ER visit rate for asthma patient is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of ER visits in the past quarter per 1000 asthma patients.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	40%	31%	38%	38%	31%	31%
---	--	-----	-----	-----	-----	-----	-----

Diabetes mellitus is a disease of the pancreas. (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance". The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic.

Percentage of Diabetics with current A1C  $\leq 7$  is calculated by taking the number of diabetics with current HbA1c  $\leq 7$  and dividing that by the number of diabetics with current HbA1c.

K	Hospitalization rate related to HIV patients (LAPAS CODE - 15457)	107	91	98	98	91	91
---	---	-----	----	----	----	----	----

HIV is the virus that causes acquired immune deficiency syndrome. This virus kills the blood cell the CD4T lymphocyte, or T cell. The T cells are the quarterback of the immune system. As they die off the body becomes more and more vulnerable to other diseases. Definition-JAMA HIV/AIDS Information Center.

Hospitalization days related to HIV patients is calculated by taking the number of admissions in the past 3 months times 1000 and dividing that by the number in the HIV population. The indicator definition is number of admissions in the past quarter for any reason per 1000 HIV patients in the population.



**Performance Indicators (Continued)**

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2002-2003	Actual Yearend Performance FY 2002-2003	Performance Standard as Initially Appropriated FY 2003-2004	Existing Performance Standard FY 2003-2004	Performance At Continuation Budget Level FY 2004-2005	Performance At Executive Budget Level FY 2004-2005
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	27%	27%	26%	26%	27%	27%
Percentage of woman >=40 years of age with mammogram in the past year is calculated by taking the number of women>=40 years of age with a mammogram in the past year and dividing that by the number of women in the population.							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	27%	22%	26%	26%	22%	22%
The pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be done. The pap test is not a diagnostic test. It can not be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all woman beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test, the interval may be extended. The pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition-American College of Obstetricians and Gynecologists(ACOG) Resource Center Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women>=18 years of age with a pap smear in the past year and dividing that by the number of women in the population>=18years of age.							



